ALBENDAZOLE IN CUTANEOUS LARVA MIGRANS

Dear Editor,

Cutaneous Larva Migrans (CLM) is a distinctive cutaneous condition characterized by lesions that creep or migrate, and are due to the presence of moving parasites in the skin. The parasites are all hookworms of animals, and man is accidentally infected after contact with soil contaminated by faeces of infected dogs and cats. The species most frequently involved are *Ankylostoma braziliense* and *Ankylostoma caninum* [1]. Though the condition is self limiting, various treatment modalities have been tried viz., cryotherapy, ethyl chloride spray, liquid nitrogen and carbon dioxide snow, topical 10% thiabendazole, systemic thiabendazole, ivermectin and albendazole [2]. We report a case successfully treated with oral albendazole.

A 32 year old male presented with multiple, bizarre, itchy, oozing lesions over left forearm of two weeks duration. He gave history of handling a domestic cat 2 to 3 weeks prior to onset of his symptoms. General physical and systemic examination were normal. Dermatological examination revealed multiple, serpiginous, erythematous, snail track, tortuous raised lesions over extensor aspect of left forearm with eczematization (Fig 1). Investigations revealed eosinophilia. He was diagnosed as a case of CLM and given tab albendazole 400 mg daily for three days. The lesions regressed with in a week but he developed fresh lesion over the same forearm. within a few days. After another course of albendazole 400 mg, twice daily for three days, the lesions disappeared. He remained symptom free during follow up for one month.

Albendazole has been used in the treatment of CLM in dosages varying from 400 to 800 mg. for durations ranging from 1 to 7 days [2]. However, lack of cure and recurrences following treatment have been reported [3]. Our case had partial response to albendazole 400 mg. daily for 3 days. A second course of albendazole in higher dose finally cured the condition. The aim of reporting this case is to

Fig. 1 : Tortuous, serpiginous, snail track lesions of CLM on the extensor aspect of the forearm

enhance the awareness of this condition and stress the need for a high dose schedule for its treatment.

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WHITHER AMBULANCE ASSISTANTS

Dear Editor,

This is with reference to the letter to the editor by Lt Col Tommy Varghese titled "Harnessing the human resources in the AMC" (MJAFI 1998;54:289). I congratulate the author for conducting this innovative survey on a subject which is sadly neglected in our Corps. The juniormost combatant soldier costs the nation not less than Rs72000 per year in terms of pay, perks and pension. The AMC has a huge body of men in the trade of Ambulance Assistants who go through their entire service without acquiring any skills in patient care. With the spectre of "tail" being slashed in favour of "teeth" can we afford this colossal drain on our human resources? The exact numbers are classified but it is known that a sizable percentage of Ambulance Assistants are employed in Military Hospitals in peace stations where they are used in largely non medical duties. It is pertinent to note that the Naval and Air Force Hospitals function without the equivalent of Ambulance Assistants with no apparent adverse effect. Even in field medical units they are of limited value in modern warfare because of the vast improvements in lines of communications with motorable roads built upto FDLs and easy

availability of air evacuation. The concept of four-hourly staging of battle casualties at Advanced Dressing Stations is a surgical anachronism. Direct evacuation of casualties to FSC or static Border hospital is the order of the day. In this changed scenario no army maintains such vast numbers of stretchers bearers. The Twenty-first century is at our doorstep and we are still living the legacy of the Dooly Bearers of Lord Clive. I wish the author had conducted a survey among the Ambulance Assistants and recorded their motivation, medical skills, aptitude to serve the patients, patriotism etc.

The frontiers of technology are snapping at our heels and the time has come to take a hard look at our human resources. I feel that there is a strong case for a gradual time bound remustering of Ambulance Assistants to the trade of Nursing Assistants and further on to more technical trades.

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